

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 01/29/02.
 - b. The request was received on 05/15/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA-1500
 - c. EOB/Appeal for Code 22830
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA-1500
 - c. EOB/Appeal for Code 22830
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of a letter requesting additional information on 07/10/02. The insurance carrier did not submit a response to the additional information. The carrier's response dated 06/03/02 is reflected in Exhibit II.
4. Notice of a letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/08/02:

"...this code should not have been reduced because, 'The multiple procedure reimbursement rule is: 100% of the MAR for the primary procedure, (major procedure reflecting the greatest value).' We billed for a primary procedure, so this should not have been reduced."
2. Respondent: No position statement

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 01/29/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer. Per the provider's TWCC-60, the amount billed is \$3,338.00; the amount paid is \$1,669.00; the amount in dispute is \$1,669.00.
3. The carrier denied the billed services by codes, "PO5M – THROUGH A REVIEW OF ORIGINAL PAYMENT & ADDITIONAL INFORMATION RECEIVED, IT HAS BEEN DETERMINED ORIGINAL INVOICE WAS PROCESSED INCORRECTLY WHICH RESULTED IN THIS [sic] ADDITIONAL PAYMENT." An Appeal for Code 22830 from the carrier dated 05/06/02 states, "PER PAGE 64 OF THE TEXAS MEDICAL FEE SCHEDULE, CODE 22830 IS SUBJECT TO THE MULTIPLE PROCEDURE RULE. THIS CODE WAS CORRECTLY REIMBURSED. NO ADDITIONAL PAYMENT IS WARRANTED."

V. RATIONALE

Medical Review Division's rationale:

The provider performed two surgeries on the patient on the date of service, 01/29/02. The first surgery, according to the operative report, was for a "C4-C5 and C5-C6 anterior cervical discectomy and fusion." After the first surgery, the patient was unable to move his right arm and was experiencing weakness in the right leg. After examination, the decision was made to take the patient back into surgery "for reexploration of the surgical site to rule out hematoma." The procedure performed was an "exploration of cervical fusion." The description of CPT code 22830 is "Exploration of spinal fusion" with the MAR value of \$3,338.00. At the "C5-C6 level, a small venous blood clot was found behind the bone graft, approximately 1cc or less in size." Through exploration of the cervical spine fusion, the blood clot was discovered. The provider billed one CPT code, 22830, for the second surgery. The Medical Fee Guideline Surgery Ground Rule (I) (D) (1) (a) states, "The Multiple Procedure Reimbursement Rule is: 100% of the MAR for the primary procedure, (major procedure reflecting the greatest value). The MFG does not address the issue of a second surgery performed on the same day being reduced according to the Multiple Procedure Reimbursement Rule. The primary procedure CPT code, 22830, is billed for the second surgical procedure for the date of service, 01/29/02, therefore, reimbursement of \$1,669.00 is recommended.

The above Findings and Decision are hereby issued this 21st day of October 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,669.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 21st day of October 2002.

Carolyn Ollar
Medical Dispute Resolution Officer
Medical Review Division

CO/dmm